APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 101-189, Section 1504; E.O. 9397.

PRINCIPAL PURPOSE(S): To collect total family income data to determine child care fees.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in placement in the highest fee range.

SECTION I - DEPENDENT CHILDREN

To determine child care fees for your child(ren), or any child(ren) you legally claim as your dependent(s), you must complete, sign, and return

you do not wish to disclose your to	•			•	•
1. NAME OF EACH CHILD (LAST, First, Middle Initial)		2. DATE OF BIRTH (YYYYMMDD)	3. AGE	4. CARE REQUES	TED
a.					
b.					
c.					
d.					
e.					
SECTION II - ANNUAL FAMILY INC	OME (To be	completed by sponsor.	Include all military	ı and civilian earned	f income for sponsor and spouse.)
Enter your annual income data at the most recent biweekly income at income is defined as all earned inco Include all earned income such as v income, etc., before deductions for status of military or civilian persons senior member only. Include anyth living allowance (COLA) received in expenses.	nd multiply be me including vages, salarion taxes, social tel whether r ing else of va	by 26. For purpose of deg wages, salaries, tips, loes, tips, long-term disabil security, etc. Include deceived in cash or in kinalue, even if not taxable,	etermining child ca ong-term disability lity benefits, volu quarters subsisten d. For dual milita , that was receive	are fees in DoD Chil benefits, combat p ntary salary deferral ce and other allowary living in governm d for providing serv	d Care program, total family ay and voluntary salary deferrals. Is, retirement or other pension ances appropriate for the rank and tent quarters include BAH-II of cices. DO NOT INCLUDE cost of
5. SPONSOR					
a. NAME (LAST, First, Middle Initial)		b. SSN		c. YEARS OF MILITARY/CIVIL SERVICE	
d. INCOME					
(1) BASE PAY (Most recent leave and earnings statement)	(Or in-kind	LOWANCE FOR HOUSING I equivalent) (Annual chart Im BAH-II)	(3) BASIC SUBSIST (Or in-kind equ	TENCE ALLOWANCE ivalent)	(4) OTHER EARNED INCOME AS DESCRIBED ABOVE

6. SPOUSE

a. NAME (LAST, First, Middle Initial)

b.	SSN

c. YEARS OF MILITARY/CIVIL SERVICE

d. INCOME

7. OTHER EARNED INCOME AS DESCRIBED ABOVE

8. TOTAL INCOME FOR SPONSOR, SPOUSE, AND OTHER

SECTION III - CERTIFICATION OF SPONSOR (Required for Category I - IV. Please read the following statement carefully before signing.)

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresenta- tion of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

9. SIGNATURE OF SPONSOR*	10. SIGNATURE OF SP	OUSE	11. DATE SIGNED (YYYYMMDD)
*If signature is missing, the fees will automatic	ally be placed at the high	nest level.	
12. TELEPHONE NUMBERS (Include Area Code)		13. HOME ADDRESS (List apartment number and 9-digit ZIP Code)	
a. HOME	b. WORK		
(1) SPONSOR			
(2) SPOUSE			
SECTION IV - FOR CHILD DEVELOPMENT CENT	TER USE ONLY		

14. CATEGORY OF APPROVAL	15. AUTHORIZED FEES

6. DATE OF APPROVAL (YYYYMMDD)	17. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL